

# Elecsys Calcitonin

cobas®

REF			SYSTEM
06445853119	06445853500	100	cobas e 411 cobas e 601 cobas e 602

## English

### System information

For **cobas e 411** analyzer: test number 1050  
For **cobas e 601** and **cobas e 602** analyzers: Application Code Number 502

### Intended use

Immunoassay for the in vitro quantitative determination of human calcitonin (thyrocalcitonin) in serum and plasma. The calcitonin determination is intended to be used as an aid in the diagnosis and treatment of diseases involving the thyroid and parathyroid glands, including carcinoma and hyperparathyroidism in conjunction with other clinical and laboratory findings.

The electrochemiluminescence immunoassay "ECLIA" is intended for use on Elecsys and **cobas e** immunoassay analyzers.

Note: Please note that the catalogue number appearing on the package insert retains only the first 8 digits of the licensed 11-digit Catalogue Number: 06445853190 for the Elecsys Calcitonin assay. The last 3 digits -190 have been replaced by -119 for logistic purposes.

### Summary

Human calcitonin (hCT) is a 32 amino acid peptide hormone with a molecular mass of 3418 Da which is secreted primarily by the parafollicular C cells of the thyroid gland.<sup>1</sup> It is metabolized in the liver and kidney and regulated by serum calcium levels. Physiologically hCT has effects on calcium and phosphorus metabolism. It is an inhibitor of bone resorption to prevent bone loss at times of calcium stress (e.g. pregnancy, lactation and growth).<sup>2,3</sup>

Serum hCT levels are relatively high in infants, decline rapidly and are relatively stable from childhood through adult life. In general hCT serum levels are higher in men than in women whereas smoking may lead to an additional increase in serum calcitonin levels.<sup>4,5,6</sup>

The most prominent clinical syndrome associated with a disordered hypersecretion of hCT is the medullary thyroid carcinoma (MTC), a tumor of the calcitonin secreting cells of the thyroid, which comprises 5-10 % of all thyroid cancers. 75-80 % of cases occur sporadically and the remainder as an autosomal dominant trait. MTC Management Guidelines were developed by the American Thyroid Association and recommend calcitonin measurements in the risk stratification / selection of treatment in inherited MTC and in the evaluation and treatment post thyroidectomy.<sup>7,8</sup> These recommendations were endorsed by the European Thyroid Association and extended by an European Panel of Experts to routine measurement of serum calcitonin in patients with thyroid nodules.<sup>9</sup> Moderately elevated calcitonin levels can be falsely positive for either technical reasons or the presence of other rare pathological conditions (i.e. other neuroendocrine tumors, hyperparathyroidism, renal failure etc.). Therefore, the European Panel of Experts recommends that subjects with elevated basal calcitonin undergo a stimulation test, either by injection of pentagastrin or a rapid infusion of calcium. Most MTCs respond with a significant increase of hCT levels upon stimulation.<sup>10,11</sup>

The Elecsys Calcitonin assay employs monoclonal antibodies of mouse origin labeled with ruthenium complex<sup>a)</sup>, specifically directed against hCT.

a) Tris(2,2'-bipyridyl)ruthenium(II)-complex (Ru(bpy)<sub>3</sub><sup>2+</sup>)

### Test principle

Sandwich principle. Total duration of assay: 18 minutes.

- 1st incubation: 50 µL of sample, a biotinylated monoclonal hCT-specific antibody and a monoclonal hCT-specific antibody labeled with a ruthenium complex react to form a sandwich complex.
- 2nd incubation: After addition of streptavidin-coated microparticles, the complex becomes bound to the solid phase via interaction of biotin and streptavidin.
- The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with ProCell/ProCell M. Application of a voltage to the electrode then induces chemiluminescent emission which is measured by a photomultiplier.
- Results are determined via a calibration curve which is instrument-specifically generated by 2-point calibration and a master curve provided via the reagent barcode or e-barcode.

### Reagents - working solutions

The reagent rackpack is labeled as hCT.

- M Streptavidin-coated microparticles (transparent cap), 1 bottle, 6.5 mL: Streptavidin-coated microparticles 0.72 mg/mL; preservative.
- R1 Anti-hCT-Ab~biotin (gray cap), 1 bottle, 8 mL: Biotinylated monoclonal anti-hCT antibody (mouse) 1.50 mg/L; phosphate buffer 100 mmol/L, pH 7.2; preservative.
- R2 Anti-hCT-Ab~Ru(bpy)<sub>3</sub><sup>2+</sup> (black cap), 1 bottle, 8 mL: Monoclonal anti-hCT antibody (mouse) labeled with ruthenium complex 1.0 mg/L; phosphate buffer 100 mmol/L, pH 7.2; preservative.

### Precautions and warnings

For in vitro diagnostic use for health care professionals. Exercise the normal precautions required for handling all laboratory reagents.

Infectious or microbial waste:

Warning: handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Environmental hazards:

Apply all relevant local disposal regulations to determine the safe disposal.

Safety data sheet available for professional user on request.

This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:



### Warning

H317 May cause an allergic skin reaction.

### Prevention:

P261 Avoid breathing dust/fume/gas/mist/vapours/spray.

P272 Contaminated work clothing should not be allowed out of the workplace.

P280 Wear protective gloves.

### Response:

P333 + P313 If skin irritation or rash occurs: Get medical advice/attention.

P362 + P364 Take off contaminated clothing and wash it before reuse.

### Disposal:

P501 Dispose of contents/container to an approved waste disposal plant.

Product safety labeling follows EU GHS guidance.

Contact phone: all countries: +49-621-7590

Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).

### Reagent handling

The reagents in the kit have been assembled into a ready-for-use unit that cannot be separated.

All information required for correct operation is read in from the respective reagent barcodes.

## Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the Elecsys reagent kit **upright** in order to ensure complete availability of the microparticles during automatic mixing prior to use.

Stability:	
unopened at 2-8 °C	up to the stated expiration date
after opening at 2-8 °C	84 days (12 weeks)
on the analyzers	28 days (4 weeks)

## Specimen collection and preparation

Only the specimens listed below were tested and found acceptable.

Serum collected using standard sampling tubes or tubes containing separating gel.

Li-heparin, K<sub>2</sub>-EDTA and K<sub>3</sub>-EDTA plasma as well as Li-heparin plasma tubes containing separating gel.

Criterion: Recovery with a total deviation  $\pm 2.0$  pg/mL of initial value at concentrations < 10 pg/mL; recovery within  $\pm 20$  % of initial value at concentrations  $\geq 10$  pg/mL and slope 0.9-1.1 + intercept within  $\leq \pm 2 \times$  Limit of Blank + coefficient of correlation  $\geq 0.95$ .

Stable for 4 hours at 20-25 °C, 1 day at 2-8 °C, 3 months at -20 °C ( $\pm 5$  °C). Freeze only once.

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay.

Do not use heat-inactivated samples.

Do not use samples and controls stabilized with azide.

Ensure the samples, calibrators and controls are at 20-25 °C prior to measurement.

Due to possible evaporation effects, samples, calibrators and controls on the analyzers should be analyzed/measured within 2 hours.

## Materials provided

See "Reagents – working solutions" section for reagents.

## Materials required (but not provided)

- REF 06445861190, Calcitonin CalSet, for 4 x 1.0 mL
- REF 05618860190, PreciControl Varia, for 4 x 3.0 mL
- REF 03609987190, Diluent MultiAssay, 2 x 16 mL sample diluent
- General laboratory equipment
- cobas e** analyzer

Additional materials for the **cobas e** 411 analyzer:

- REF 11662988122, ProCell, 6 x 380 mL system buffer
- REF 11662970122, CleanCell, 6 x 380 mL measuring cell cleaning solution
- REF 11930346122, Elecsys SysWash, 1 x 500 mL washwater additive
- REF 11933159001, Adapter for SysClean
- REF 11706802001, AssayCup, 60 x 60 reaction cups
- REF 11706799001, AssayTip, 30 x 120 pipette tips
- REF 11800507001, Clean-Liner

Additional materials for **cobas e** 601 and **cobas e** 602 analyzers:

- REF 04880340190, ProCell M, 2 x 2 L system buffer
- REF 04880293190, CleanCell M, 2 x 2 L measuring cell cleaning solution
- REF 03023141001, PC/CC-Cups, 12 cups to prewarm ProCell M and CleanCell M before use

- REF 03005712190, ProbeWash M, 12 x 70 mL cleaning solution for run finalization and rinsing during reagent change
  - REF 03004899190, PreClean M, 5 x 600 mL detection cleaning solution
  - REF 12102137001, AssayTip/AssayCup, 48 magazines x 84 reaction cups or pipette tips, waste bags
  - REF 03023150001, WasteLiner, waste bags
  - REF 03027651001, SysClean Adapter M
- Additional materials for all analyzers:
- REF 11298500316, ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

## Assay

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

Resuspension of the microparticles takes place automatically prior to use. Read in the test-specific parameters via the reagent barcode. If in exceptional cases the barcode cannot be read, enter the 15-digit sequence of numbers.

**cobas e** 601 and **cobas e** 602 analyzers: PreClean M solution is necessary.

Bring the cooled reagents to approximately 20 °C and place on the reagent disk (20 °C) of the analyzer. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the bottles.

## Calibration

Traceability: This method has been standardized against the IRP WHO Reference Standard 89/620.

Every Elecsys reagent set has a barcoded label containing specific information for calibration of the particular reagent lot. The predefined master curve is adapted to the analyzer using the relevant CalSet.

*Calibration frequency:* Calibration must be performed once per reagent lot using fresh reagent (i.e. not more than 24 hours since the reagent kit was registered on the analyzer).

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Renewed calibration is recommended as follows:

- after 8 weeks when using the same reagent lot
- after 7 days when using the same reagent kit on the analyzer
- as required: e.g. quality control findings outside the defined limits

## Quality control

For quality control, use PreciControl Varia.

In addition, other suitable control material can be used.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per reagent kit, and following each calibration.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

If necessary, repeat the measurement of the samples concerned.

Follow the applicable government regulations and local guidelines for quality control.

## Calculation

The analyzer automatically calculates the analyte concentration of each sample either in pg/mL or pmol/L (selectable).

Conversion factors:  $\text{pg/mL} \times 0.2926 = \text{pmol/L}$   
 $\text{pmol/L} \times 3.4176 = \text{pg/mL}$

## Limitations - interference

The assay is unaffected by icterus (bilirubin < 1128  $\mu\text{mol/L}$  or < 66 mg/dL), hemolysis (Hb < 0.124 mmol/L or < 0.2 g/dL), lipemia (Intralipid < 2000 mg/dL), biotin (< 163 nmol/L or < 40 ng/mL), IgG < 4 g/dL, IgA < 0.7 g/dL and IgM < 0.4 g/dL.

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Criterion: Recovery within  $\pm 10\%$  of initial value for samples  $> 10$  pg/mL or  $\pm 1$  pg/mL of initial value for samples  $\leq 10$  pg/mL.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e.  $> 5$  mg/day) until at least 8 hours following the last biotin administration.

No interference was observed from rheumatoid factors up to a concentration of 1200 IU/mL.

There is no high-dose hook effect at hCT concentrations up to 1  $\mu$ g/mL.

In vitro tests were performed on 17 commonly used and 12 special pharmaceuticals. No interference with the assay was found.

Special thyroid drugs were tested with concentrations shown in the table below. No interference with the assay was found. Criterion: Recovery within  $\pm 10\%$  of initial value.

Drug	Concentration ( $\mu$ g/mL)
Iodid	0.2
Levothyroxine	0.25
Carbimazol	30
Thiamazol	16
Propylthiouracil	60
Perchlorat	2000
Propranolol	240
Amiodaron	200
Prednisolon	100
Hydrocortison	200
Fluocortolon	100
Octreotid	0.3

In in vitro studies, the drug itraconazole caused decreased calcitonin findings at the daily therapeutic dosage level of 10 mg/mL.

Drug interferences are measured based on recommendations given in CLSI guidelines EP07 and EP37 and other published literature. Effects of concentrations exceeding these recommendations have not been characterized.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

## Limits and ranges

### Measuring range

0.5-2000 pg/mL (defined by the Limit of Detection and the maximum of the master curve). Values below the Limit of Detection are reported as  $< 0.5$  pg/mL. Values above the measuring range are reported as  $> 2000$  pg/mL (or up to 200000 pg/mL for 100-fold diluted samples).

### Lower limits of measurement

*Limit of Blank, Limit of Detection and Limit of Quantitation*

Limit of Blank = 0.3 pg/mL

Limit of Detection = 0.5 pg/mL

Limit of Quantitation = 1 pg/mL

The Limit of Blank, Limit of Detection and Limit of Quantitation were determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A requirements.

The Limit of Blank is the 95<sup>th</sup> percentile value from  $n \geq 60$  measurements of analyte-free samples over several independent series. The Limit of Blank corresponds to the concentration below which analyte-free samples are found with a probability of 95 %.

The Limit of Detection is determined based on the Limit of Blank and the standard deviation of low concentration samples. The Limit of Detection corresponds to the lowest analyte concentration which can be detected (value above the Limit of Blank with a probability of 95 %).

The Limit of Quantitation is defined as the lowest amount of analyte in a sample that can be accurately quantitated with a total allowable relative error of  $\leq 30\%$ .

### Dilution

Samples with hCT concentrations above the measuring range can be diluted with Diluent MultiAssay. The recommended dilution is 1:100 (either automatically by the analyzers, or manually). The concentration of the diluted sample must be  $> 20$  pg/mL.

After manual dilution, multiply the result by the dilution factor.

After dilution by the analyzers, the software automatically takes the dilution into account when calculating the sample concentration.

### Expected values

Upper limits of reference ranges are provided as the 97.5<sup>th</sup> percentile.

Cohort	N	97.5 <sup>th</sup> percentile	Lower limit of 95 % confidence interval	Upper limit of 95 % confidence interval
Apparently healthy females	193	6.40 pg/mL	5.17 pg/mL	9.82 pg/mL
Apparently healthy males	162	9.52 pg/mL	8.31 pg/mL	14.3 pg/mL

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

### Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

### Precision

Precision was determined using Elecsys reagents, pooled human sera and controls in a protocol (EP5-A2) of the CLSI (Clinical and Laboratory Standards Institute): 2 runs per day in duplicate each for 21 days ( $n = 84$ ). The following results were obtained:

cobas e 411 analyzer					
Sample	Mean pg/mL	Repeatability		Intermediate precision	
		SD pg/mL	CV %	SD pg/mL	CV %
Human serum 1	1.01	0.034	3.4	0.052	5.2
Human serum 2	11.5	0.345	3.0	0.413	3.6
Human serum 3	48.5	1.24	2.5	1.71	3.5
Human serum 4	482	13.8	2.9	19.2	4.0
Human serum 5	1910	42.6	2.2	65.0	3.4
PreciControl Varia 1	8.88	0.191	2.1	0.261	2.9
PreciControl Varia 2	97.7	1.44	1.5	2.51	2.6

cobas e 601 and cobas e 602 analyzers					
Sample	Mean pg/mL	Repeatability		Intermediate precision	
		SD pg/mL	CV %	SD pg/mL	CV %
Human serum 1	4.19	0.060	1.4	0.082	2.0
Human serum 2	45.4	0.794	1.8	1.02	2.3
Human serum 3	456	6.17	1.4	8.46	1.9
Human serum 4	907	14.0	1.5	19.8	2.2
Human serum 5	1613	25.9	1.6	34.7	2.2
PreciControl Varia 1	8.87	0.128	1.4	0.146	1.6

cobas e 601 and cobas e 602 analyzers					
Sample	Mean pg/mL	Repeatability		Intermediate precision	
		SD pg/mL	CV %	SD pg/mL	CV %
PreciControl Varia 2	93.7	1.67	1.8	1.87	2.0

### Method comparison

A comparison of the Elecsys Calcitonin assay (y) with a commercially available method (x) using clinical samples gave the following correlations:  
Number of samples measured: 248

Passing/Bablok<sup>12</sup>                      Linear regression  
 $y = 0.970x - 0.133$                        $y = 1.12x - 1.91$   
 $r = 0.911$                                        $r = 0.977$

The sample concentrations were between 0.600 and 1866 pg/mL.

### Analytical specificity

The following cross-reactivities were found, tested with hCT concentrations of 9.11 and 468 pg/mL:

Cross-reactant	Concentration tested ng/mL	Cross-reactivity %
Salmon Calcitonin	100	0.017
Porcine Calcitonin	500	0.007
Chicken Calcitonin	500	0.005
ACTH (1-39) human	100	0.037
C-Peptide	40000	0.000
Calcitonin Gene Related Peptide	1000	0.002
PTH (1-84) human	150	0.013
TSH	1000 µIU/mL	0.009
Insulin	33500	0.000
Prolactin	1000	0.001
Gastrin I	2000	0.001
Elcatonin	100000	0.000
Katacalcin	40000	0.000

### References

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For further information, please refer to the appropriate operator's manual for the analyzer concerned, the respective application sheets, the product information and the Method Sheets of all necessary components (if available in your country).

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

The Summary of Safety & Performance Report can be found here: <https://ec.europa.eu/tools/eudamed>

### Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see [dialog. Roche.com](http://dialog. Roche.com) for definition of symbols used):

	Contents of kit
	Analyzers/Instruments on which reagents can be used
	Reagent
	Calibrator
	Volume after reconstitution or mixing
	Global Trade Item Number

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Roche Diagnostics GmbH, Sandhofer Strasse 116, D-68305 Mannheim  
[www.roche.com](http://www.roche.com)  
 +800 5505 6606

